



Fundraiser Activity Information Form

Please return w/ the Fundraising Project Approval Request

Name of Event: _____

Sponsoring Group: _____

Date(s) of Event: _____

Time(s) of Event: Doors Open _____ Doors Locked _____

Extra Set-up/Clean-up Dates requested _____

Responsible Person: _____

Telephone: (Home) _____ (Work) _____

E-mail: _____

Facility Requested: _____

Brief Description of Event: _____

What food will be served? _____

What company will cater? _____

Will alcohol be served? _____

Liquor License required? _____ Insurance Required? _____

Admission Fee: Adults: \$ _____ Children: \$ _____ Seniors: \$ _____

Call for ticket information: _____

Proceeds to benefit: _____

Deposit Received \$ _____ Date _____ By: _____

Deposit Returned \$ _____ Date _____ By: _____

Set-up required? Yes _____ No _____